DEPARTMENT OF DEFENSE
NONAPPROPRIATED FUND HEALTH BENEFITS PROGRAM

Summary of Benefits

Aetna Global Benefits
Traditional Choice® Indemnity Medical Plan

Effective January 1, 2008

Plan Provisions	Traditional Choice Indemnity Benefits Plan Benefits*
Calendar Year Deductible	
★ Individual	$200
★ Family of 2	$400 (2 times individual)
★ Family of 3 or more	$600 (3 times individual)
Out-of-Pocket Limit (the maximum amount you pay for your share of covered expenses in a calendar year. Pharmacy copays, expenses covered at 50% and non-covered expenses do not count toward your Out-of-Pocket Limit)	
★ Individual	$3,000
★ Family of 2	$6,000 (2 times individual)
★ Family of 3 or more	$9,000 (3 times individual)
Lifetime Maximum	Unlimited
Hospital Precertification Please see your Summary Plan Description (SPD) for details.	You must precertify any scheduled hospital stay. $500 penalty for failure to precertify (penalty waived if you are overseas)
Preventive Care	
★ Routine physical exam and immunizations (one per calendar year)	100%, no deductible
★ Well-child care and immunizations Birth to age 7. Please see your SPD for age and frequency schedule.	100%, no deductible
★ Routine gynecological exam including Pap test and related lab fees (one per calendar year)	100%, no deductible
★ Routine Mammogram (one per calendar year for women age 35 and over)	100%, no deductible
★ Prostate screening exam (one per calendar year for men age 40 and over)	100%, no deductible
★ Routine eye exam (one per calendar year)	100%, no deductible
★ Prescription eyewear - lenses, frames and contacts You are also eligible to use Aetna Vision℠ Discounts	100% up to a $150 maximum benefit per person per calendar year
★ Routine hearing exam (one per calendar year) You are also eligible to use the HearPO® Hearing Discount Program	100%, no deductible
★ Hearing aids ($1,000 lifetime maximum) You are also eligible to use the HearPO® Hearing Discount Program	100%, no deductible
Physician Services	
★ Office visits for treatment of illness or injury	80% after deductible
★ Diagnostic lab and X-ray	80% after deductible
★ Maternity care office visits	80% after deductible
★ In-office surgery	100% of first $1,000, no deductible; then 80% after deductible
★ Physician hospital visits	80% after deductible
★ Anesthesia	80% after deductible
★ Allergy testing, serum and injections	80% after deductible
★ Specialists (office visits)	80% after deductible
★ Second surgical opinion	100%, no deductible
Hospital Services	
★ Inpatient hospital room and board and ancillary services	80% after deductible
★ Inpatient and outpatient surgery	80% after deductible
★ Outpatient services	80% after deductible
★ Pre-operative testing	80%, no deductible
★ Other hospital services	80% after deductible
Emergency Care	
★ Hospital emergency room	80% after deductible
★ Hospital emergency room for non-emergency care	50% after deductible
★ Ambulance	80% after deductible

** Coverage is subject to reasonable and customary charges for services provided in the United States. This provision does not apply for services provided overseas.*

Summary of Benefits

Aetna Global Benefits
Traditional Choice® Indemnity Medical Plan

Effective January 1, 2008

continued

Plan Provisions	Traditional Choice Indemnity Benefits Plan Benefits*	
Other Health Care		
★ Convalescent facility (up to 90 days per calendar year)	80% after deductible	
★ Home health care (up to 90 visits per calendar year)	80% after deductible	
★ Private duty nursing (up to 70 eight-hour shifts per calendar year)	80% after deductible	
★ Hospice (inpatient and outpatient)	100%, no deductible	
★ Independent lab and X-ray facilities	80% after deductible	
★ Voluntary sterilization	80% after deductible	
★ Short-term rehabilitation (60-day maximum per course of treatment)	80% after deductible	
★ Durable medical equipment	80% after deductible	
★ Spinal disorder (chiropractic) (20 visits per calendar year)	80% after deductible	
★ Bariatric surgery	50% after deductible	
Mental Health Care**		
★ Inpatient	80% after deductible; up to 60 days per calendar year; 60% thereafter	
★ Outpatient (up to 45 visits per calendar year)	80% after deductible	
** *Outpatient day maximums for mental health and substance abuse are not combined.*		
Substance Abuse Treatment**		
★ Inpatient (up to 45 days per calendar year)	80% after deductible	
★ Outpatient (up to 45 visits per calendar year)	80% after deductible	
** *Outpatient day maximums for mental health and substance abuse are not combined.*		
Prescription Drug Benefits		
Participating Retail Pharmacy Program (Up to a 12-month supply purchased at a participating U.S. pharmacy. Separate copays apply to each 30-day supply.)	*Participating Pharmacies*	*Non-Participating Pharmacies*
★ Generic drugs	100% after $10 copay	Not covered
★ Formulary brand-name drugs	100% after $25 copay	Not covered
★ Non-formulary brand-name drugs	100% after $35 copay	Not covered
Prescriptions Purchased Overseas		
★ Generic drugs	Not applicable	100% after deductible
★ Brand-name drugs	Not applicable	80% after deductible
Mail-Order Service (up to a 90-day supply)		
★ Generic drugs	100% after $20 copay	
★ Formulary brand-name drugs	100% after $40 copay	
★ Non-formulary brand-name drugs	100% after $60 copay	

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This chart displays only a general description of your benefits under the DoD NAF HBP. Should there be a conflict between the benefits shown on the chart and those in the Aetna Global Benefits Summary Plan Description (SPD), the terms of the SPD will be used to determine coverages and benefits.

DoD AGB TC 07-0050 (10/2007)